

**UNCLAIMED PROPERTY
BUSINESS OWNER CLAIM FORM**

**Mail to: CITY OF SAN ANTONIO
FINANCE DEPARTMENT
P.O. BOX 839966
San Antonio, TX 78283-3966**

As the claimant for a business, attach documents supporting your position with the company/business giving you the authority to claim.

CLAIMANT INFORMATION

BUSINESS

NAME: _____

TPIN: _____

CLAIMANT: _____

DEPT: _____

ADDRESS (LAST) (FIRST) (MI)

() _____

DAY TIME PHONE, INCLUDE AREA CODE

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS STATUS Check box(es) applicable to the current status of Business and attach copies of the documents requested:

_____ **A TEXAS CORP., LIMITED LIABILITY COMPANY, OR PROFESSIONAL CORP.** Attach a copy of last Franchise Tax Report filed.

(If Out-Of-State Corp., same as above including State of Corporation.)

_____ **A PROFESSIONAL ASSOC., OR NON-PROFIT CORPORATION.** Attach a copy of last Annual Statement filed with Secretary Of State, OR copy of Articles Of Incorporation.

_____ **An ORGANIZATION, GROUP, OR ASSOCIATION.** Attach a document establishing your authority to act.

_____ **SOLE OWNERSHIP OF BUSINESS.** Attach a Copy of Certificate To Operate Under Assumed Name filed with the County Clerk, and enter:

Owner's Name: _____ **SSN:** _____

_____ **A LIMITED OR GENERAL PARTNERSHIP.** Copy of partnership agreement including the NAMES and SSN of TWO partners.

EXCEPTION, IF BUSINESS IS:

_____ **OUT OF BUSINESS (CLOSED).** Attach a brief statement of Closing, Articles of Dissolution or Corporate Liquidation Form filed with IRS.

_____ **NAME CHANGED/ASSUMED/MERGED.** Attach a copy of Change of Name Admendment or Assumed Name Certificate.

_____ **PURCHASED/SOLD.** Attach a copy of the Buy/Sell Agreement.

OWNER PROPERTY INFORMATION

(Do NOT Change This Information)

Property No.

Property ID:

Property Amount:

Owner Name:

Claim Amount:

Year Reported:

Last Active Date:

Reporting Department:

Description:

Property Category:

Additional Owner Listed:

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATORS WHO ASSIST YOU IN LOCATING UNCLAIMED PROPERTY TO NO MORE THAN 10% OF THE AMOUNT OF THE CLAIM.

YOUR SIGNATURE

The named Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless the City of San Antonio, its' officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

CLAIMANT _____

DATE _____

(Title/Position held with Business)

A law passed by the Texas Legislature allows the costs of publication & postage to be deducted from the amount(s) paid. (Tex. Prop. Code §76.504).

CLAIM NUMBER: _____ (for Internal Use Only)

ISSUE: _____

Amount Claimed

\$ _____

By: _____

Date: _____